


|   |   |                                     |
|---|---|-------------------------------------|
|  | <b>CITY OF ST. PAUL</b><br>OFFICE OF LICENSE, INSPECTIONS AND ENVIRONMENTAL PROTECTION<br>350 ST. PETER STREET, SUITE 300<br>ST. PAUL, MINNESOTA 55102-1510 | <b>MOVING</b><br>PERMIT APPLICATION |
|---|---|-------------------------------------|

|  |                             |
|--|-----------------------------|
| <b>Move Is:</b> (Check 1 Type of Move) | <b>Date of Application:</b> |
|--|-----------------------------|

|  |  |                  |             |                        |          |
|--|--|------------------|-------------|------------------------|----------|
| <input type="checkbox"/> Into St. Paul   | Enter <b>MOVE TO</b> address in Box 1<br>Enter <b>MOVE FROM</b> address in Box 2 | Number           | Street Name | St., Ave., Blvd., etc. | N.S.E.W. |
| <input type="checkbox"/> Out of St. Paul | Enter <b>MOVE FROM</b> address in Box 1<br>Enter <b>MOVE TO</b> address in Box 2 | St. Paul Address |             |                        |          |
| <input type="checkbox"/> Within St. Paul | Enter <b>MOVE TO</b> address in Box 1<br>Enter <b>MOVE FROM</b> address in Box 2 | City, State, Zip |             |                        |          |

|            |                                 |                   |
|------------|---------------------------------|-------------------|
| Owner      | Address<br>City<br>State, Zip+4 | Phone<br><br>Fax# |
| Contractor | Address<br>City<br>State, Zip+4 | Phone<br><br>Fax# |

|   |                            |                                      |
|---|----------------------------|--------------------------------------|
| Date/Time<br>Move will Start                      | Date/Time<br>Move will End | <b>Estimated Value of Work</b><br>\$ |
| <b>Identify the type of Structure to be Moved</b> |                            |                                      |

|   |   |       |        |                        |    |
|---|---|-------|--------|------------------------|----|
| <b>Description<br/>of<br/>Structure<br/>being<br/>Moved</b> | <b>CHECK ONE BOX</b>  |       |        |                        |    |
|   | Enter the number of Dwelling Units:      Residential      Garage      Commercial      Portable School |       |        |                        |    |
|   | # of Dwelling Units   |       |        |                        |    |
| Number of Stories   | Structure Dimensions  |       |        | <b>SUMMARY OF FEES</b> |    |
|   | Length  | Width | Height | <b>Permit Fee</b>      | \$ |

|           |                                   |  |
|-----------|-----------------------------------|--|
| Comments: | <b>FAX IT?</b>                    | Would You Like Your Permit Faxed to You? |
|           | Enter Fax Number Below.    -    - | Yes    No                                |
|           |                                   | (    ) -    -                            |

Applicant certifies all information is correct and all pertinent state regulations and city ordinances will be complied with in performing the work for which this permit is issued.

|                       |              |
|-----------------------|--------------|
| Applicant's Signature | Phone Number |
|-----------------------|--------------|

Payment may be made by Credit Card.

|  |                       |             |                  |  |  |  |  |
|--|-----------------------|-------------|------------------|--|--|--|--|
| Please complete the following Information. | Circle the Card Type. | Master Card | Expiration Date: |  |  |  |  |
| ENTER YOUR ACCOUNT NUMBER IN THE BOXES:    | Visa                  | Month /Year |                  |  |  |  |  |
|  |                       |             |                  |  |  |  |  |

|                            |     |            |  |  |  |  |  |
|----------------------------|-----|------------|--|--|--|--|--|
| <b>For Office Use Only</b> |     |            | Please Sign & date below. Signature of Card Holder required for all charges. |  |  |  |  |
| Occupancy Group            | PIN | SAC Credit |  |  |  |  |  |
|                            |     | None       |  |  |  |  |  |

Legal Description / Comments

**If you are paying for your permit by *MasterCard* or *Visa*, you may fax your application.**

**The credit card information section must be filled in and signed.**

**Our FAX number is 651-266-9124**

**If paying by check, please mail the application and the check to us.**

Effective 7-31-95

## **INSTRUCTIONS FOR MOVING PERMIT**

A moving permit is required to move any structure into or within the City of St. Paul. A moving permit cannot be issued until all required approvals and notifications have been completed. See Requirements and Fee Schedule below.

### **MOVING PERMIT REQUIREMENTS**

- 1. A Structure Inspection and report must be completed prior to issuance of Moving Permits.**  
Structure Inspections are required on any structure intended to be moved into the city or on structures moved between different locations within the city limits. Structures moved to locations outside St. Paul city limits do not require a structure inspection. (Portable schools are exempt from structure inspections)
- 2. Foundation Permits are required** prior to setting the structure at the proposed new location for all habitable structures (i.e. houses and apartment buildings) and commercial buildings moved within the city. Garages intended to be moved may not require a Foundation Permit. Contact a Plan Examiner for verification.
- 3. Structures shall be moved only by licensed moving contractors.** Contact the State of Minnesota at 651-405-6060 to obtain the names of those contractors. Exceptions to this requirement are as follows: Manufactured or Modular Homes, farmers moving their own buildings, and buildings measuring less than 16 feet by 20 feet.
- 4. Appropriate utilities and government agencies must be notified** and written permission granted prior to the issuance of the permit. Requirements may vary according to size and type of the moved structure. This office will provide appropriate agency information.

### **FEE SCHEDULE**

|   |                   |
|---|-------------------|
| Commercial or Residential buildings larger than 12 feet high, 14 feet wide , and 25 feet long   | \$180.00 per move |
| Garage, Sheds & Miscellaneous buildings larger than 12 feet high, 14 feet wide and 25 feet long | \$ 50.00 per move |
| Buildings or structures smaller than the size indicated above.                                  | \$ 42.00 per move |

Building Inspectors are in the office for inspection requests between 7:30 AM - 9:00 AM, Monday - Friday.  
Phone number is 651-266-9002.

Plan Examiners' office hours are 7:30 AM to 4:30 PM, call 651-266-9007.

Permit Fee Information can be obtained by calling 651-266-9090, Monday - Friday, 7:30 AM - 4:30 PM.